

RELOCATION / TRANSFER QUESTIONNAIRE

DHS-CIS

Authorization Number: _____

The information requested below is needed to develop an estimate of the cost of your transfer, as provided for in 5.U.S.C. 5721, et seq, and the pertinent Federal Travel Regulations. A travel authorization will subsequently be prepared by the Relocation Coordinator based on these responses. The Relocation Coordinator will provide you with an estimate of allowable reimbursements, and if necessary, any additional information to facilitate your relocation.

We realize that you will not be able to furnish exact information for every item at this time, but provide your best estimate for each item that will be involved in your transfer. Please notify us immediately if significant changes develop which may affect costs such as dates of travel, shipment of household goods, number of dependents or real estate transactions costs.

Please send your completed form to:

Administrative Resource Center, Attn: Relocation Section
CAPS Building Room 110, PO Box 1328, Parkersburg, WV 26106-1328. (*)

(*) To expedite preparation of the Authorization, please fax the completed form to:
PCS Travel (Relocation) at 304-480-8480.

1. Employee Name (First, Last, MI): _____ SSN #: _____
Work Phone: () _____ FAX #: () _____
Reporting Date: _____
Office transferring to: _____

Retirement Plan :

Civil Service Retirement System (CSRS): _____
Civil Service Retirement System (CSRS) Offset: _____
Federal Employees Retirement System (FERS): _____
Other: _____

Employee Pay Grade and Annual Salary at time of Relocation: _____
(This is required to ensure proper Federal taxes are calculated correctly)

2. Official station from which transfer will be made:

(City) (County) (State)

3. Dependents Relocating: (Spouse & Immediate family under age 21):

Name	Relationship	Date of Birth of Children
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For relocating dependents over the age of 21, please state reason for dependency:

Name	Reason for Dependency
_____	_____
_____	_____
_____	_____

4. **TRAVEL TO NEW OFFICIAL STATION:**

(Every effort should be made for the employee and immediate family to accomplish travel at the same time.)

a. Will you, and members of your immediate family travel together? _____

If so, give your departure date _____, arrival date _____ and mode of travel:

Select your mode of transportation:

_____ Privately-owned automobile (POV) - If more than one POV, indicate how many needed: _____

_____ Common carrier: Air _____ Train _____ Bus _____

b. If your family will be traveling separately, give departure date _____, arrival date _____ and mode of travel:

_____ Privately-owned automobile (POV)

_____ Common carrier: Air _____ Train _____ Bus _____

Please state reason why it is necessary for your family to travel separately:

c. If driving, what is your estimated mileage (one way) : _____

5 TEMPORARY QUARTERS: (ACTUAL EXPENSE METHOD)

Temporary Quarters actual expense is NTE 60 days unless authorized. Temporary Quarters may be utilized at the old or new duty station. The first 30 days is based on the standard CONUS per diem rate (www.gsa.gov/perdiem) for the employee. The spouse and children 12 years of age and older are allowed 75% of the employee rate. Children under 12 years of age receive 50% of the employee rate. Subsequent 30 day claims are reduced as follows: 75% of the CONUS per diem rate for the employee, 50% of the CONUS per diem rate for the spouse and children 12 years of age and older, 40% of the CONUS per diem rate for the children under 12 years of age. **Itemized receipts are required.**

(Itemized receipts are required. Refer to the Relocation Guide)

Name	Location	Estimated # of days
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TEMPORARY QUARTERS: (FIXED EXPENSE METHOD)

Temporary Quarters fixed expense is a one time NTE 30 days entitlement. This entitlement is based on the per diem rate (same as the TDY rate) of the location you are being relocated to. The employee will receive 75% of the locality rate, the spouse and children (regardless of age) will receive 25% of the locality rate. This is calculated by taking the entitlement for one day times the percentage each eligible individual is allowed, times the number of days needed for temporary quarters, not to exceed the 30 days allowable.

(Itemized receipts are NOT required. Refer to the Relocation Guide)

Please select the method of Temporary Quarters Allowance you wish to receive:

Temporary Quarters Actual Expense: _____

Temporary Quarters Fixed Expense: _____

If you select Temporary Quarters Fixed Expense, please indicate the number of days you think you and/or your family will require: _____ **(Note: NTE 30 calendar days)**

If you claim the maximum of 30 days, and it is discovered later that you had less than 30 days before you entered your permanent quarters, you may be responsible to repay the excess days that were paid.

If you have further questions about which option to select, please contact the Relocation Specialist before you make your choice. He/She will provide the calculations to help you choose your option.

6 TRANSPORTATION AND TEMPORARY STORAGE OF HOUSEHOLD GOODS:

(Temporary Storage NTE 90 days unless authorized)

a. Number of bedrooms in current home: _____

b. Anticipated date of shipment: _____

c. Will you require temporary storage at the old official station? _____ Approx. # of days: _____

Will you require temporary storage at the new official station? _____ Approx. # of days: _____

d. Mobile home:

1) Do you desire to move a mobile home which you own and will occupy as a residence? _____

2) If so, where is it presently located? _____

3) Date it will be moved? _____

7 **UNEXPIRED LEASE: * (See Below)**

- a. Are permanent residence quarters currently being leased at old official station? _____
- b. Will there be any penalties or expense incurred in connection with settlement of an unexpired lease? _____
- If yes, give estimated amount _____, and explain below why the expense cannot be avoided:
- _____

8 **SALE OF RESIDENCE AT OLD OFFICIAL STATION: * (See Below)**

- a. Do you plan to sell your residence at your old official station? _____
- b. Type of residence: _____
- c. Is the title in your name or in the name of one or more members of your immediate family? _____
- d. Did you acquire the residence prior to the time you were informed of your transfer? _____
- e. Do you anticipate completion of the sale within two years after the date of reporting to your new official station? _____
- f. Estimated sale price of the residence: _____

OR

RELOCATION SERVICES (GUARANTEED HOME SALE): AVAILABLE FOR GS14 AND ABOVE

This service is an optional entitlement **In lieu of Sale** of your residence through a broker. The relocation services company will have independent appraisers assess your homes current value and offer an amount of money to purchase your house that will be an average of two appraisals. You will have 60 days to accept their offer. The advantage of this service is that you have a known sale date. The disadvantage is your house could receive a higher price on the open market with a broker.

Authorized use of guaranteed home sale program requires:

Marketing period of a full 55 days before accepting the appraised value offer is required.

Do you plan to use this option versus selling your residence on the open market? (Yes/No) _____

Please indicate the estimated value of your home to let the relocation services provider have an idea of open market value: _____

9 **PURCHASE OF RESIDENCE AT NEW OFFICIAL STATION: * (See Below)**

- a. Do you plan to purchase a residence at your new official station within two years after the date you report for duty? _____
- b. Estimated purchase price: _____

* (You must complete sale, purchase and lease termination within two years after you report for duty at your new station unless an extension of time has been authorized. You may be granted an extension of two additional year, however, it is the RELOCATEE'S responsibility to request an extension BEFORE the two years has expired.)

The above responses are accurate and complete to the best of my knowledge at this time. Any significant changes will be brought to the attention of the Relocation Specialist.

(Signature of Employee)

(Date)

Upon completion of this questionnaire, the Relocation Specialist will complete the following estimates:

1) Miscellaneous Expense:	Individual: _____	Family: _____
2) Withholding Tax Allowance (WTA):	_____	
3) Relocation Income Tax Allowance (RITA):	_____	
4) Total of allowable reimbursements:	_____	
5) Employer share of FICA/HITS:	_____	
Total Estimated Expenses:	_____	

PRIVACY ACT

In compliance with the Privacy Act of 1974, the following information is provided, Basis authority for requiring the requested information is contained in 5 USC 5701-5733, particularly sections 5721-5733, 30 USC 905 and Executive Order 9397. Disclosure of the data by you is voluntary. The principal purpose for collecting data is to determine the amount to reimburse an employee for expenses incurred in connection with permanent change of station. Information may be transferred to appropriate Federal, State, local or foreign agencies when relevant to civil, criminal or regulatory investigations or prosecutions. There is no personal liability to you if you do not furnish the requested information; however, we shall not be able to reimburse you for your expenses.